

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO:

101 586,143

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7	/						57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14		/					64						
15		/					65						
16		/					66						
17		/					67						
18		/					68						
19		/					69						
20	/						70						
21		/					71						
22		/					72						
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24		/					74						
25	/						75						
26		/					76						
27		/					77						
28		/					78						
29		/					79						
30	/						80						
31		/					81						
32		/					82						
33		/					83						
34	/						84						
35	/						85						
36		/					86						
37	/						87						
38	/						88						
39		2					89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	31	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	40						TOTAL CLAIMS						